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Puerperal Fever

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A Thesis

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W. L. Mc.

On

Puerperal Fever

By

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of Virginia

Puerperal Fever

The discrepancy of opinion and diversity of sentiment which exist among writers on this disease, renders it a subject of some difficulty, for the inexperienced student to take as the basis of a thesis. — I have studied concise-ness, and endeavoured to pursue, particularly in the treatment, that plan which is most gene-rally adopted in this Country.

Puerperal fever is fortunately of rare occur-rence. — It is said to be epidemic or sporadic, occurring most commonly about the second or fourth day after delivery.

The Causes of this disease are not well defined. It is alleged by some to be conta-gious; and from facts stated by different writers, I am inclined to this opinion. Never-theless, be this as it may, it is most pru-dent always to act under this impression.

"Imprudent management, says Doct.

Denman, at the time of labour, especially rude treatment of the os uteri; and a violent or hasty seperation of the placenta will often give rise to this disease. In short every Cause capable of producing either local inflammation, or fever under any circumstances, will at this time be followed by greater effects; and any disturbance raised in the Constitution will after delivery, be invited as it were to parts already in a very irritable state from the violence they have already undergone." — Dr. Armstrong says those Cases which fell under his notice did not seem to depend upon difficulty of labour; for in most of the women in whom it occured, parturition was remarkably easy: Dr. Chapman thinks that when Puerperal fever prevails as an epidemic, it Consists in little more than inflammation of the peri=toneum. Why, Continues the Professor, this

membrane should be so liable, after parturi-tion to this diseased action is not very evident, may not however the predisposi-tion be owing to the relaxation and debility into which the peritoneum is thrown in consequence of the previous distension by preg-nancy?" This is plausible.—

Symptoms. This disease is usually ush-ered in by slight shivering, or rigors, attended by pain in the head, particularly over the eyebrow, ringing in the ears, flushing in the face, oppression, nausia attended frequently by vomiting. When vomiting occurs at this period of the disease it is apt to be bilious; and some-times it is so excessive as not to admit of any thing remaining in the stomach. There are also anxiety and restlessness, Confusion, & occasionally some delirium. When the rigors abate the skin becomes hot and dry, and the

thirst urgent. — The disease advancing, the whole abdomen becomes tumid and tender, with which at first is not severe, but is rapidly augmented. The tenderness increases to such an extent, that the patient cannot bear the weight of the bed clothes. — To these may be added pain in the hips, back and lower extremities. "The fulness of the belly, says Mr. Burns, usually increases pretty rapidly and may proceed so far as to make the patient nearly as large as she was before delivery. In such cases the breathing is laborious." Indeed difficult respiration is an invariable attendant on Puerperal fever.

The countenance is expressive of anxiety, the lips are pale and sometimes parched, and a livid stripe is frequently observed under each eye. The cheeks are flushed with a circumscribed redness. Respiration becomes more hurried, the patient often sighs, and manifests extreme

restlessness, by the tossing about of her head and arms, and the continual agitation of her whole body. — Her most ordinary posture is on the back, with the knees drawn up. The reason of this is obvious. By keeping herself in this situation, the abdominal parieties, which are exceedingly tender and sore to the touch, are relaxed; pressure from the intestines is removed by throwing them on the spine; and thus the position, to which the patient seems almost instinctively led, is attended by considerable relief. "The pulse says Dr. Armstrong is seldom less than 120 in a minute, and mostly rather full, tense and vibrating, or very small, sharp or somewhat wiry when the excitement has fully emerged."

The tongue is pale or white at first, but soon becomes brown. In some instances the tongue is tolerably clean, and may

continue so, especially after vomiting has occurred. The whole interior of the mouth, throat, and down the oesophagus is covered with aphthæ. The urine is voided with difficulty and is scanty, high coloured, and deposits a brown sediment. The bowels at first are constipated and sometimes flatulent; but about the third or fourth day they usually become loose. The discharges are dark, slimy and very fœted. The secretion of milk stops and the breasts are apt to become flaccid.

At this time the anxiety and solicitude of the mother about her tender offspring seems to be lost entirely, and she evinces a total indifference towards every thing in which she was previously much interested. — When the disease is fully developed, the lochial discharge disappears or only issues in small quantities, and is dark & very offensive. —

The disease becoming aggravated, the symptoms are increased. The pulse now becomes more frequent and weaker, or tremulous. Extreme debility ensues, hiccough and sometimes an involuntary discharge of feces. The patient will attempt to rise out of bed, talk incoherently, start &c &c. This state of things is most commonly succeeded by a Calm, the patient becomes composed and collected, complains of no pain, talks cheerfully, and gives the delusive hope of her speedy restoration to health.

The disease apparently suspends its fury awhile; but death lurks within; and the work of devastation is then carried on.

During this period of suspence, the heart of the affectionate husband, who is ever ready to catch at the least glimmering prospect of a happy issue, now throbs with the utmost anxiety. Hope sheds a ray of light

athwart his gloom, profound, and measurably calms the agitations of his troubled bosom. Restless and anxious he repairs to the bed-side, he looks, sighs, views her serene and placid Countenance, and listens with attention to her cheerful conversation, and although warned by the Physician of the approaching dissolution of his partner, his hopes strengthen, prospects brighten, and he feign would persuade himself, that the storm is over. But Ah! his hopes are illusive and evanescent, and all his bright prospects are but as the meteors glare. The disease soon resumes its attack. Respiration now grows feeble, short and frequent, the Alæ nasi are thrown into perpetual motion, and all the energies of nature yield to his resistless power. He presses on nor misses once the track, until he tears asunder the tenderest ties of humanity, laying

low in the dust the fond mother, affectionate wife and dutiful daughter.

Sometimes death is preceeded by low delirium or stupor. The mind at other times will continue unimpaired until a short time previous to dissolution, and the patient is carried off after a convulsive fit.

The disease sometimes manifests itself in an insidious manner, without shivering or other well marked symptoms.

Diagnosis. The disease with which Puerperal fever is most apt to be confounded is, simple peritonitis. Mr. Murray thinks that it is very important to distinguish between the former and latter disease; but for my own part I think no great error would be committed, were we to mistake the one for the other, inasmuch as they both demand nearly, if not exactly the

same treatment. It is said there is more de-
spondency, debility and headach; less heat of
the skin, less thirst, and less flushing of the
face in the former disease.— Dr. Armstrong
states that the most of his patients suffered
with intense thirst.

But Puerperal fever has its peculiar symp-
toms. Great soreness, tension of the abdomen and
pain, short anxious breathing, uncommon quick-
ness of the pulse, increased temperature of the
body, flatulency of the stomach, peculiar wildness
of the eyes, patient, shrinking from pressure
made on the abdomen, though they had pre-
viously complained of little or no pain in
that part; prostration of the vital powers, sup-
pression or diminution of the milk and lochia,
a flaccid state of the mamma, an unnatu-
ral condition of the excrements accompanied
by Diarrhoea; and finally the time at

which the disease occurs. — In a conversation on this subject, which took place between the gentleman with whom I had the honour to study and myself, he said, when you are called to a woman from the first to the fourth day after delivery, and on entering the Chamber, you find her on her back, with the knees drawn up, respiration much hurried and difficult, the pulse mounted up to 120 or 140 in a minute, and on pressing the abdomen she complains, or betrays uneasiness by distortion of counte-nance; you may safely conclude your patient is labouring under Puerperal fever.

These are the words of Dr. N. Harrison, a young, though eminent Physician; and one who had considerable practice in this Com-plaint. Deeming it superfluous to say more on this point, I proceed to a brief considera-tion of the Prognosis.

This disease has always been considered dangerous; but making its attack under favorable circumstances, and opposed by proper remedial agents, within the first thirty hours, we have good grounds to hope for a favorable result.

The disease is sometimes rapid in its progress, particularly in hot climates; terminating not unfrequently in forty eight hours.

We should not give an unguarded prognosis in this disease when it attacks soon after delivery, when it is epidemic, or when the constitution or situation of the patient is unfavorable. When the respiration is short, feeble and difficult, the pulse extremely quick, feeble and compressible, rising above 160 in a minute. When the vomiting is frequent, and the matter thrown out is of a coffee coloured fluid, a general cold, damp skin, the case is almost

hopeless.— On the contrary, when the respiration becomes easy, deep and slow, the pulse slower, fuller and more regular; when the stomach becomes composed, so as to retain medicine or food, the tension and pain of the abdomen abate, copious and continued stool, the skin becoming warm and moist from a mild perspiration, the tongue becoming clean, the lochia breaking out afresh, and the secretion of milk takes place; we may hope for a favorable termination. But we should be cautious in giving a favorable prognosis under any circumstances.

There is much division of sentiment among writers as to the precise location of Puerperal fever. While some contend that the uterus is the true seat; others will say the peritoneum, others the omentum, others the intestines &c. Post mortem examinations exhibit inflammation of the

peritoneum, uterus, omentum, intestines, &c, there is also found a quantity of fluid, similar to that met with in Peritonitis. — Dr. Armstrong states, that in every instance he witnessed, the peritoneum was found inflamed and covered, as well as the surface of the intestines with a layer of coagulable lymph, while a quantity of whey-like fluid was effused into the cavity of the abdomen. The thoracic viscera have occasionally been found inflamed.

From what has been said, I think it must be acknowledged that, this is a disease of a high inflammatory action, and demands a practice at once bold and decisive.

Treatment. There is no little discrepency of opinion among Practitioners on this subject. While some impressed with the absolute necessity of liberal depletion, rely most exclusively on this mode of treatment; there are others who

viewing the disease in a different light, pursue quite an opposite practice.

Called in the first stage of Puerperal fever, we should first resort to V.S. The lancet should not be sparingly used. 20 or 30 ℥ of blood may be taken away at once, and this repeated as often as circumstances may demand. The orifice should be large in order that we may gain as much as possible from the sudden detraction of blood. It is the practice of Professor Chapman, to resort to local depletion in inflammation of the peritoneum. — In as much then, as the Cases are similar, would it not be sound practice to use it here? — He recommends 10 or 15 ℥ of blood to be drawn off by this means in Peritonitis. The same treatment in my opinion would answer exceedingly well in Puerperal fever.

Cathartics are next to be exhibited. Purging

should be active and repeated; and in order that it may be prompt we should administer large doses. Calomel may be given in the close of a ℞ and this to be aided by Ol. Ricini, or the neutral salts. Salts and senna combined constitutes a very good purge. Some practitioners are in the habit of purging moderately with the mildest medicines in the commencement of the disease, and then exhibit anodynes.

Emollient enemata are found singularly beneficial, and should never be neglected.

Copious V.S. aided by a correspondent degree of purgation, is the only means of subduing the high inflammatory action. After the good effects of these remedies have been obtained; that is, after the inflammation has been subdued, we may next resort to Blisters; these may be preceded by warm fomentations to the abdomen. These remedies judiciously applied, are productive of

very salutary effects, and will be found admirable auxiliaries in facilitating a cure. Mr. Barns coinciding with the opinion of Dr. Clarke thinks, that, the repeated application of blisters excites rather an injurious irritation. He recommends cloths wet with the oil of turpentine to be applied to the belly. When the pain and tenderness of the abdomen is severe, flannels wrung out of hot water and applied to the belly as warm as the patient can well bear, will be found useful. Where the abdomen is highly painful to the touch, and is occupied by extensive inflammation, Dr. Sutton advises to apply cold to the part.

Vomiting sometimes occurs, and is very excessive. In the commencement Dr. Armstrong says it should be treated by liberal bloodletting followed by a large cathartic enema, purging with Calomel combined with Opium. To

restrain vomiting Mr. Burns recommends solid Opium, and an opium plaster applied to the region of the stomach.

Not a little has been said of Emetics in this disease. They are only admissible in the early stage, when the stomach is loaded with a dark offensive matter, which keeps up the fever and hastens on the typhoid state. To relieve this organ an emetic may be given.

In the stage of excitement, the patient should be slightly covered, the room well ventilated, graduating the temprature as near as possible to 60° of F. But in the last or sinking condition, the covering and temprature of the room should be warmer.— In this stage the exhibition of Camphor in large doses will be found serviceable, or combined with Opium and emetic tartar, blisters, &c. of Turpent: applied externally and given internally, with a strict observance

of the whole Antiphlogistic regimen. This is the practice of Professor Chapman.

When Congestion takes place, as sometimes happens, in order to produce reaction it is directed that the patient shall if possible be immersed in a bath of 100° of F: made stimulant by the addition of common salt. After coming out, the patient should be rubbed dry with warm and soft flannel, and laid between warm blankets; warm drink should be given, bottles of hot water applied to the feet, and a bladder of hot water to the epigastric region. When this bath cannot be obtained, the Vapour bath may be substituted. If this is not to be had, the application of warm blankets, bottles of hot water to the feet, and the bladder as above directed, applied to the region of the stomach.— In such cases of emergence, might we not direct the patient to be well rubbed with some stimulating article as Cayenne pepper &c?—

The diet should be very light, and as before observed the whole Antiphlogistic regimen enforced Mr. Burns says the strength of the patient may be supported by wine or other cordials; but great caution should be observed in the administration of such articles. Cinchona has been recommended in this disease, but Doct. Dunman advises the Columba root in powder or infusion. In this stage Dr. Armstrong says that every thought of general V.S. ought to be abandoned, and if the life of the patient can be saved, which is doubtful, laxatives and opiates with light nutritious food is the only means. — But after all our exertions the disease too often proves intractable, and the unhappy sufferer falls a victim, leaving us to deplore the total insufficiency of all our remedial agents. —